



CHRISTIAN MEDICAL COLLEGE & HOSPITAL
VELLORE - 632 002, TAMILNADU, SOUTH INDIA
“APPLICATION FORM”

Affix your
recent
Photograph
in passport size

Application for the post of _____

1. Name (In BLOCK Letters): : _____
2. Date of Birth & Age : _____ & _____
3. Male / Female : _____
4. Marital Status: : _____
5. Mother Tongue: : _____
6. Father's Name & Occupation : _____
7. Spouse Name & Occupation : _____
8. Address for Communication: : _____

9. Mobile Number : _____
10. Email ID : _____
11. Nationality & Religion : _____
12. Languages which you can speak : _____
Languages which you can read : _____
Languages which you can write : _____
13. Is any staff member or student of CMC past or present related to you? Yes / No
If yes, Name & Relationship : _____
Designation : _____
Department / Course of study : _____

14. Your personal marks of Identification : 1.
2.

15. In case of emergency, person to whom intimation should be sent (Name Address and Contact No.) :

Relationship : _____

Phone / Mobile No. _____

16.

Height	Weight	Vision	Hearing

17. Were you suffering from any serious disease in the past. **Yes / No**
If yes, Please give details

18. Did you undergo any surgery in the past. If yes, give details **Yes / No**

19. Are you currently suffering from any serious disease or illness. If yes give details **Yes / No**

20. Whether you are a member of Employees Provident Fund Scheme **Yes / No**
If Yes please give your EPF Code Number.

21. Have you ever been convicted by a criminal court? **Yes / No**
If yes please give details.

22. Give details here of your literary, cultural, artistic games, sports etc., ability and achievements (if any) :

23. Please fill all the columns given below and enclose photo copies of Certificates duly notarized:

GENERAL & TECHNICAL EDUCATIONAL QUALIFICATION				
S. No.	Examinations, Certificates, Diplomas, Degrees passed or obtained	Name and Address of School or College University / Institution etc.	Date of passing	Class or Division
1.	S. S. L. C			
2.	H. S. C / +2			
3.	BACHELOR OF Regular/ Dist. Education (Strike off which is not relevant)			
4.	MASTER OF Regular/ Dist. Education (Strike off which is not relevant)			
5.	Additional Qualifications			

24. **EMPLOYMENT DETAILS (PRESENT EMPLOYMENT AT THE TOP)**

(Use additional sheet if necessary)

S. No.	Name of the Company / Institution	Post held	Period Served		Reasons for leaving / other remarks
			From	To	
1					
2					
3					
4					
5					

25. Kindly provide two references with contact details below **or** attach the reference letters with your application form.

S. No.	Name, Designation & Dept. of Referee	Address
1.		Phone/Mobile:
2.		Phone/Mobile:

26. Have you ever been discharged /dismissed / removed / terminated from service. Details of departmental disciplinary action or punishment for any misconduct in previous jobs.

(If yes, please give details)

Yes / No

27. Do you agree to abide by the rules and regulations of the Institution which are in force now and also which are to be introduced from time to time?

Yes / No

28. If selected probable date of joining:

29. I declare that all information I filled in this Application form is correct. I understand that falsification of data will result in automatic disqualification.

Date:

Signature of the Applicant

Please send the completed Application Form by hard copy to the address provided in the covering letter.